

MAJOR INITIATIVES

****Enhance Public Understanding of Children's Mental Health Needs**

Why? (Children's services committee please draft)

Target audiences?

Plan?

Responsible committee: Children's Services; note: the Department will have a new director of child and family services shortly. It was noted that other states have an annual family conference. Joyce Kube recommended working with the Federation of Families for Children and Mental Health.

****Educate the Mental Health System about Recovery Tools**

Why? (adult services committee please draft in collaboration with consumers)

Target audiences?

Plan?

Responsible committee: Adult Services

****Facilitate a Shared Advocacy Agenda for Mental Health Services**

Why? Mental health advocacy organizations, families and consumers advocate separately, often for modest changes, and don't present a united front to legislators.

Target audiences? NAMI-Virginia, NAMI Consumer Council, MHA of Virginia, Northern Virginia Mental Health Consumers Association, VOCAL, PAACT, Voices for Virginia's Children, Virginians for Mental Health Equity, Virginia Association of Community Services Boards, interested NAMI chapters, consumer-run programs/organizations, interested family members and consumers.

Responsible committee: Executive Committee

Plan? Executive Committee will develop a plan, contact organizations, hold exploratory meeting in the spring, leading to a forum in summer or early fall.

ADDITIONAL COUNCIL PRIORITIES FOR 2004

Make Council More Representative of Virginia's Diverse Population; Educate Ourselves about Cultural Understanding and Barriers To Care

Why? (Several legislators (Baskerville and Marsh) propose a study of mental health needs and treatment of minority youth and young adults, indicating concern about the quality and appropriateness of mental health treatment. (Thanks to Carolann Pacer Ramsey for following up with Senator Marsh's office.) The Council membership is not representative of the diversity of mental health consumers or well informed about cultural differences and barriers to care. Some parts of Virginia have growing Hispanic-American population and many immigrants.

Target audiences?

Responsible committee: Executive Committee and Membership Chair

Plan?

Study issues around Funding for and Access To Medication

Why? (Budget Committee please fill in)

Target audiences?

Responsible committee: Budget Committee

Plan?

Monitoring and Human Rights

Why? State hospitals are closing units and private hospitals are closing psych wards, CSB's and state hospitals are losing money, services are being "restructured" and incarceration of mentally ill people is on the rise; we have a new, inexperienced inspector general for mental health with an expanded mandate and few resources; 3-year-old human rights regulations have never been seen by most consumers and providers, private providers must be acculturated, LHRC's in state hospitals have been disbanded, new regional hospital LHRC's have an impossible mandate, and the regulations are already up for revision.

Target audiences?

Responsible committee: Adult Services Committee, President, Bill Yolton

Plan?

Future meetings and events

January Department releases CSB performance contract for review

February-March, Department received block grant

March 2 and 3, CMS annual conference in Baltimore

March 4 NASMHPD annual meeting (in DC, was free)

Friday, March 19, Adult Services Committee; Charlottesville Library

April 21 Mental Health Planning Council meeting

May 12, Lynn Chennault could meet in Richmond pm

Friday, May 14, Adult Services Committee; Charlottesville Library

June Annual technical assistance meeting for MH councils in DC

Early July? NMHA national meeting

July 14 Mental Health Planning Council meeting

Restructuring and reinvestment update

Review block grant draft plan?

Friday, August 20, Adult Services Committee; Charlottesville Library

September Department submits block grant application

September? MHAV annual meeting?

September 22, Lynn Chennault could meet in Richmond pm

October - Retreat Date to be determined

October NAMI National meeting? NAMI VA National meeting?

November regional peer review of the block grant applications

Friday, November 12, Adult Services Committee; Charlottesville Library

December 1 Mental Health Planning Council meeting

December 1 Department submits data supplement to the block grant

December, Governor proposes budget

Minutes of the May 14 2004, Adult Services Committee
Charlottesville Public Library

Attending: Jack Wood, chair; Brian Parrish, co-chair; Michael, Jim Martinez, and Sharon Koehler from the Department; Mary Kaye Johnston, DRS; Cynthia Power, Sherry Rose, Bill Yolton, Raymond Bridge, Mary McQuown, and guests: former Council member Bev Ball, Alison Hymes, Chair, University of Virginia Local Human Rights Committee; from the Northern Virginia Mental Health Consumers Association: Edwina Lake, Sandy Murphy, Pam McLaughlin.

Update on the allocation of new dollars for mental health in the budget

Jim Martinez reported that there will be an allocation of the funds for discharge assistance for 77 additional people from state hospitals in the next biennium. The Department has been discussing coordinating the slots with regional partnership activities rather than distributing them uniformly. The preferred regions are the Southwest, and southern and eastern state hospitals. Jim also mentioned allocation of \$1 million inpatient dollars each to Southwestern, Southern, Catawba and Western State to either meet a specific need of that area; or to allow the next step of restructuring to occur.

Jim or Jack Wood: There is a shared med director position for the 3 private hospitals and the Southern Virginia Mental Health Institute.

The composition of the Leadership Council was discussed, Jim Martinez reported that the Department is considering other parties to attend; the Municipal League was mentioned; the next meeting of the Leadership Council is June 17 (the Mental Health Planning Council does not have a seat on the council).

Two million new dollars are budgeted for children's services. Advocates proposed allocating equally to each CSB (\$50,000). The Leadership Council will encourage use of these dollars for regional infrastructure improvements. Lynn Chennault explained that there is an even per allocation among CSB's with an incentive holdback (for regional projects?).

Jim also mentioned that the General Assembly has funded 160 waiver slots for community services for people with mental retardation.

Discussion of Recovery

The council has made recovery education one of its focuses for the next year. The committee and guests discussed what recovery means and how to put it into effect.

(I am attributing names to the following discussion from memory –Ray Bridge)

Pam McLaughlin: Recovery requires maximum consumer participation in creating policies. PRS (nonprofit that runs three clubhouses for Fairfax-Falls Church Community Services Board clients) says they practice recovery but is not very recovery focused.

How to get CSB to incorporate recovery? As consumers we can't afford not to recover. However, we can't recover without services.

Pam is concerned because at PRS they push people to do things that they don't want to in the name of recovery. Don't define a person's recovery for them.

Ray Bridge thought: Recovery services should encourage, reinforce and reward Self-determination by the person. That means relinquishing power, control and direction to them.

Jim Martinez discussed the Federal new freedom initiative grant, designed to build a coalition around some activity promoted by the initiative. Jim met with the CSB mental health directors but they had not seen it. Jim wants to use grant dollars to demonstrate leadership from the state level (for recovery?). Jim: support regional initiatives and don't get in the way; target these limited grant dollars (\$20,000) at the state level.

Jim Martinez described a poster of a "recovery tree." Each leaf is labeled with a different activity or direction, showing how individual recovery is. The Council would like to see copies.

Cynthia Power would like dialoging about boundaries as an issue in recovery

Bill Yolton: Bring together consumers first to discuss and learn about recovery because there is an inequality of power.

A cultural change is needed in the CSB system for recovery to become real. Lynn Chennault, New River Valley CSB, said it is taking hold at the CSB level.

Speaker? There is no common understanding about recovery what is it supposed to mean. A statewide consumer network is being formed; the input of all consumers will be necessary.

How do you motivate people in the system and consumers to embrace recovery? A yearly conference was suggested. The CSBs, it was noted, have no consumer input.

Question was asked: Can the council give a voice to consumers?

Question was asked: What we are succeeding at—what are we measuring?

(?) described themselves as a recovering professional. This comes from their training; change the training. Retraining could including screening for recovery knowledge.

NVMHCA: Spend money on inclusion. Accommodations are a must for consumers who want to participate in mental health planning. Also, we need service animals and companion animals.

Idea: bring trained consumer advocates in to the clubhouses talk about rights, ethics advocacy.

Inequality of power organizations that teach consumers advocacy and support need to be expanded and give them emotional support to advocate, all consumers need to have a voice Encourage consumers to have a voice.

Providers want to believe they are doing a good job. Providers as well as of consumers need recovery education.

Survey consumers and use the programs that are already in place. Don't use the word recovery per se in the survey.

Vickie Fisher: People don't appreciate the concept yet. Rights and recovery are intertwined? The PAIMI Council should be involved.

Bill Yolton We are not using the recovery model: The state hospital discharge planner has a checklist and the hospital and the CSB decide but there is no consumer input.

Bill Yolton? Reported on a visit to the Village in California. He observed that recovery is an organizational and staff process FIRST.

Bill: Promote by example. Human rights advocates would need to be retrained in recovery, and we would need a Human Rights system that has clout.

Bill If you don't have consumer participation you don't have accountability and you don't have recovery. I see a wondrous change in the Department let us embrace it. We need to include the VACSB. There is too much difference between CSBs.

Regional partnership is a locus for recovery: Northern Virginia is doing a daylong recovery conference on September 14.

Bill Yolton you need to include families in recovery education.

Next Steps

Vickie can we do a CD rom?

Promote the concept what is the nitty gritty?

Do we do a pilot? Do we do it statewide?

Do a tool kit and cd music and videos but not in year one.,

Jim material on recovery could be part of the DMH website

Link up with the schools.

Mary Kaye (Mary McQuown?) Ask other education and advocacy groups what their idea is.

Alison Hymes: look at the PACE program, which is a self-help recovery course

From the National Empowerment Center.

Find out what recovery programs are out there that are really working.

Check with the Virginia Association of community psychiatrists.

EXECUTIVE COMMITTEE

Money

Assistant

Membership

Legislative forum to do or not to do? Do it in mid September between 13th and the 24th

Should we join with the coalition?

Should the mh council be a member of the coalition?

Vami Margaret nimmo crowe mary

Saara

Iasprs

Leslei herdigan vfmhe caren Culbert.

Psychiatric society of Virginia

Virginia hospital and health care association.

Betty Long

Vocal

Nmvmca

State board of mental health

September 16 vocal meeting

Virginia Human Service training center sept 28 and 29

October retreat. Rosslyn Center reasonable Charlottesville?

October 5 6 and 7 vacsb

October 15 and 16 oct 22 23

Speaker at vacsb retreat one on resiliency they had two speakers.

Judith cook

Money

Membership: will set up a conference call before the July meeting

Cultural diversity at least 18 years.

Should we consider a bylaws change?

Staff

Forum this 300 lunch 1000 or more

Staff

Recovery can we give scholarships to providers (Jim)

10,000 mhpc commitmentr

10,000 website

4000

5000 award for exemplary practices

resestructuring conference in December governors conference.

Mha and nami and Catawba hospital a roadmap to services

Up to 5000 to create a roadmap for services

Sept recovery conf spend \$\$ to support participation in the nva recovery dconference.

Lunches 150 per meeting

Recovery

Retreat